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Welcome to "Washington Update," the weekly e-newsletter on the latest health care happenings in the nation's capital that affect APG's members.

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Act to Prevent Heat-related Illnesses, CMS Tells Medicare Advantage Plans and Medicaid

This summer's frequent heat waves have posed [special risks to population groups](#) including older adults and people with preexisting conditions, the federal government notes on its new [heat.gov](#) website. As a result, the Centers for Medicare & Medicaid Services (CMS) has asked Medicare Advantage (MA) plans and state Medicaid programs to employ supplemental benefits available to address patients' chronic and social determinants of health-related conditions to protect patients' health.

For MA plans, in fact, special supplemental benefits for the chronically ill (SSBCI) can pay for qualified beneficiaries' temporary or portable air conditioning units,

humidifiers, dehumidifiers, and High Efficiency Particulate Air filters—all [permissible](#) when such items have a reasonable expectation of improving or maintaining the health or overall function of a chronically ill enrollee. In Medicaid, two states—Oregon and Massachusetts—have obtained special [Section 1115 health-related social needs \(HRSN\) waivers](#) through CMS to pay for medically necessary devices to maintain healthy temperatures and clean air, based on beneficiaries' clinical and social risk factors.

The U.S. Department of Health and Human Services now publishes a [map](#) showing where extreme heat conditions are projected throughout the country. APG member organizations with patients who may be affected by extreme heat should determine whether they may be eligible for such assistance through their Medicare Advantage or Medicaid coverage. To find more information, Medicare Advantage members should contact their plan using the phone number listed on their membership card or contact 1-800-MEDICARE or www.medicare.gov. Medicaid beneficiaries may contact their respective state programs, a directory of which can be found [here](#).

New Medicare Program Assists Part D Enrollees with Out-of-Pocket Costs

APG members with patients enrolled in Medicare Part D drug coverage should be aware of new assistance available as of 2025 to pay for out-of-pocket drug costs. The Medicare Prescription Payment Plan, part of the 2022 Inflation Reduction Act, will require Part D plan sponsors to allow enrollees to spread their out-of-pocket payments throughout the year. CMS has now released [draft guidance](#) for the program and seeks stakeholder comments by September 20, 2023.

The published draft guidance includes information mainly aimed at Part D plan sponsors, such as how to identify Part D enrollees who are likely to benefit from the program. A second set of draft guidance is to be released by CMS in early 2024 covering Part D enrollee outreach and education. APG will keep members posted on this second set of guidance, and opportunities for members to help educate Medicare patients on this new assistance with out-of-pocket drug costs.

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